



REGISTRY OF MOTOR VEHICLES APPLICATION FOR:

☐ Renewal ☐ Change of Information
☐ License Issue ☐ Reinstatement or

☐ Duplicate: (Check one) License ☐ Permit ☐ Mass ID ☐ Liquor ID ☐

Fees are payable by Cash, Check, Money Order, Mastercard, Visa, or Discover.

If paying by check, please make payable to "Registry of Motor Vehicles" or "RMV"

General Information Please print neatly with a ball point pen in blue or black ink.

Social Security Number: _____		Date of Birth (mo/day/year): _____	
License Number: <i>If different than SSN</i>	Do you want to use your Social Security Number (SSN) as your license number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(A "yes" answer may allow anyone who sees your license to learn your SSN.)			

Name: Last, First, Middle _____

IMPORTANT Your license will be mailed to the address provided on this form.
U.S. Post Office MAY NOT deliver if your name is NOT on the mailbox.

Mail Address: (Where to send your Driver's License/ID and future notices from the RMV)		Apt # _____
City _____	State _____	Zip Code _____

Residential Address: (Where you actually reside - if different from your Mail Address)		Apt # _____
City _____	State _____	Zip Code _____

Change of Information Leave this section blank if no changes

- ☐ Check here if your name has changed. Please print your new name in the General Information section and your previous name below.
Previous Name: Last, First, Middle _____
- ☐ Check here if the address in the General Information section reflects a change of **Mailing Address**.
- ☐ Check here if the address in the General Information section reflects a change of **Residential Address**.
- ☐ Check here if sex has changed. Note: additional documentation may be required. Change Sex To: ☐ Male ☐ Female

ID Requirements

Applicants for a duplicate or renewal who do not present their current license or ID, may be required to provide the "Acceptable Forms of Identification" listed in Appendix "A" of the **Driver's Manual**. The list is also on our website at www.mass.gov/rmv.

SIGNATURES To be completed by all customers

This application will be processed through the National Driver Register (NDR) and/or the Commercial Driver License Information System (CDLIS) to verify the status of operating privileges in other jurisdictions and the Social Security Number will be verified with the Social Security Administration. I, the undersigned, hereby apply for a license to operate motor vehicles or ID and swear (affirm), under the penalties of perjury, that the information I have provided in this application is true and, if renewing a CDL, I meet the qualification requirements listed in Title 49 CFR Part 391 or 540 CMR 2.06 and 14.00.

False statements are punishable by fine, imprisonment or both (M.G.L. c 90 §24).

Signature: _____ Date: _____

CUSTOMER SERVICE APPROVAL (RMV USE ONLY)

Date: _____

Initial: _____

Vision: Pass ☐ Fail ☐

(RMV USE ONLY) Batch Number: _____

REQUIRED INFORMATION

To be completed by all customers

1. Do you want to have the organ donor designation printed on your driver's license? ☐ Yes ☐ No

To register, complete an organ donor card.

(The RMV is required by law to provide certain information identifying organ donors to federally-designated organ procurement organizations.)

2. Is your license or RIGHT to operate suspended, revoked, canceled, or disqualified here or in any other state? ☐ Yes ☐ No

If yes, where? _____

Exp. Date _____

If yes, why? _____

3. Are you an active duty member of the U.S. armed forces? ☐ Yes ☐ No

4. Do you have any medical condition that may affect your ability to safely operate a motor vehicle? ☐ Yes ☐ No

(The Medical Affairs Branch has established standards to determine fitness to operate a motor vehicle. Ask a counter clerk for a summary of these standards or visit our website at www.mass.gov/rmv for the complete text of these standards.)

5. Are you currently taking any medication that could affect your ability to safely operate a motor vehicle? ☐ Yes ☐ No

Note

If you answered yes to questions 2, 4, or 5, additional documentation may be required.

The Registrar reserves the right to cancel, or revoke and recall, any permit, license or ID if the Registrar determines that the applicant was not qualified for such permit or license.

Official Notice:
Massachusetts law requires persons convicted of a sex offense to register with their local police departments. For information, call 1-800-93MEGAN

Voter Registration To be completed by all applicants (Except at road test sites)

To register to vote in Massachusetts you must be:

- a **U.S. CITIZEN**; and
- a Massachusetts resident; and
- at least 18 years of age or older on or before the next election.

Question One:

1. Do you want to register to vote? ☐ Yes ☐ No

- Check "Yes" if you want to register to vote, **or** you are changing your name or address and want to be registered to vote with this new information.
- Check "No" if you are currently registered to vote and do not want to change your voter registration **or** do not want to register to vote.

If you answered "yes," complete question two and read the Affirmation Section below.

Question Two:

2. Check all that apply:

Are you a citizen of the United States of America? ☐ Yes ☐ No

Will you be at least 18 years of age or older on or before the next election? ☐ Yes ☐ No

NOTE: If you completed "no" to either of these questions, do not complete question 3.

You are not eligible to register to vote at this time.

Question Three:

3. Please indicate party enrollment or political designation (check one).

☐ Democrat ☐ Republican ☐ No Party (unenrolled)

☐ Political Designation (not a political party): _____
(Print desired designation.)

PLEASE ASK THE LICENSE CLERK FOR YOUR VOTER REGISTRATION RECEIPT

Affirmation To be read by applicants registering to vote

When you sign your name at the counter to complete this transaction, you will be swearing (affirming) that you are the person identified on this form; that the information on this form is true; **THAT YOU ARE A CITIZEN OF THE UNITED STATES**; that you are not a person under a guardianship which prohibits you from registering to vote; that you are not temporarily or permanently disqualified by law from voting because of corrupt practices with respect to elections; and that you consider the residential address recited on this form to be your home address.

Confidentiality of voter registration information

If you register to vote, the office at which you registered will remain confidential and will only be used for voter registration purposes.

Penalty for illegal registration: Fine of not more than \$10,000 or imprisonment for not more than five years or both (M.G.L. c. 56 §8).